

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4	2					
5	2					
6	2					
7	1					
8	1					
9	1					
10	1					
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TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

28

28

28

TOTAL IND.

TOTAL DEP.

TOTAL CLAIMS

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